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FM AMCONSUL HONG KONG
TO RUEHC/SECSTATE WASHDC PRIORITY 5041
INFO RUEHBK/AMEMBASSY BANGKOK PRIORITY 0788
RUEHBJ/AMEMBASSY BEIJING PRIORITY 2284
RUEHHI/AMEMBASSY HANOI PRIORITY 3772
RUEHPF/AMEMBASSY PHNOM PENH PRIORITY 0817
RUEHVN/AMEMBASSY VIENTIANE PRIORITY 9645
RUEHCN/AMCONSUL CHENGDU PRIORITY 1308
RUEHGZ/AMCONSUL GUANGZHOU PRIORITY 1232
RUEHHM/AMCONSUL HO CHI MINH CITY PRIORITY 0334
RUEHGH/AMCONSUL SHANGHAI PRIORITY
RUEHSH/AMCONSUL SHENYANG PRIORITY 3754
RHMFIUU/DEPT OF HOMELAND SECURITY WASHINGTON DC PRIORITY
RUEHIN/AIT TAIPEI PRIORITY 4948
RUEHPH/CDC ATLANTA GA PRIORITY
RUEHRC/DEPT OF AGRICULTURE WASHDC PRIORITY
RUEAUSA/DEPT OF HHS WASHINGTON DC PRIORITY

UNCLAS SECTION 01 OF 02 HONG KONG 001034

SENSITIVE
SIPDIS

STATE FOR EAP/CM, CA/OCS/ACS/EAP, AIAG, OES/IHA, MED
HHS FOR OGHA - STEIGER, HICKEY
CDC ATLANTA FOR CCID AND COGH

E.O. 12958: N/A

TAGS: [TBIO](#) [KFLU](#) [EAGR](#) [CASC](#) [AMED](#) [AMGT](#) [PINR](#) [MO](#) [HK](#)
SUBJECT: HONG KONG AVIAN FLU NEWS: RESEARCH BREAKTHROUGH,
PREVENTION AND CONTROL LAW, AND H5N1 IN POULTRY MARKET

¶1. (U) Summary. A research team led by University of Hong Kong (HKU) scientist, Dr. Yuen Kwok-yung, reported a significant breakthrough in treatment for the influenza A/H5N1 virus on June 3, 2008. Dr. Yuen explained that the trial's triple-drug combination administered on infected mice suppressed the H5N1 virus, as well as the over-reaction by the immune system, reducing mortality by forty percent. Yuen indicated that the mixture's effectiveness would not be diminished as the virus mutates, and he expects the treatment will soon be tested in a human trial. On May 29, 2008, the Hong Kong Government (HKG) enacted the "Prevention and Control of Disease Ordinance," formalizing a broad range of measures to prevent, surveil and control the spread of infectious disease. The measure empowers public health officials to seize articles, control people and conveyances, and arrest obstructers in the event of an infectious disease outbreak. The H5N1 virus was found in chickens in a Hong Kong market for the first time in five years on June 7, 2008. The finding resulted in an immediate cull of the entire Po On Road Market, a total of 2,700 chickens, suspension of live poultry imports for twenty-one days, commencement of testing at sixty-four other markets, and an investigation to trace the virus to its source. End Summary.

Triple-Drug Treatment Reduces Mortality

¶2. (U) In the "Proceedings of the National Academy of Sciences of the United States of America" published on June 3, 2008, a research team led by HKU scientist, Dr. Yuen Kwok-yung revealed a significant breakthrough in treatment for the influenza A/H5N1 virus. The thirteen-person team administered a mixture of the antiviral drug Zanamivir and two non-steroid anti-inflammatory agents, Celecoxib and Mesalazine, on mice infected with H5N1. The mixture increased the survival rate of the mice from 13.3% without treatment to 53% with treatment. Dr. Yuen explained that the triple-drug combination suppressed the H5N1 virus, as well as the over reaction by the immune system, avoiding the "cytokine storm" (the overproduction of immune cells) that

would cause death. Yuen indicated that the mixture's effectiveness would not be diminished as the virus mutates, and he expects the treatment will soon be tested in a human trial.

13. (U) Article details. The title: "Delayed antiviral plus immunomodulator treatment still reduces mortality in mice infected by high inoculum of influenza A/H5N1 virus." The abstract: The mortality of human infection by influenza A/H5N1 can exceed 80%. The high mortality rate and its poor response to the neuraminidase inhibitor oseltamivir have been attributed to uncontrolled virus-induced cytokine storm. We challenged BALB/c mice with 1,000 LD50 of influenza A/Vietnam/1194/04. Survival, body weight, histopathology, inflammatory markers, viral loads, T lymphocyte counts, and neutralizing antibody response were documented in infected mice treated individually or in combination with zanamir, celecoxib, gemfibrozil, and mesalazine. To imitate the real-life scenario, treatment was initiated at 48 h after viral challenge. There were significant improvements in survival rate ($P=0.02$), survival time (P